

INDIANO VAUGHAN & ROBERTS, LLP



PATENT APPLICATION

Art Unit: 2487
Examiner: Ali, Shumaya B
Atty. Docket: 7432-0046
Applicants: Moenning and Irlbeck
Invention: DENTAL ANESTHESIA ADMINISTRATION
 MASK AND EYE SHIELD
Serial No.: 10/647,991
Filed: 26 August 2003

CUSTOMER NUMBER: 000031425

Box Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

| CLAIMS AS AMENDED | | | | | | | |
|---------------------------------|---|---------------------------------------|-----------------|-----------------|----------|-----------------|---------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | NUMBER EXTRA | SMALL ENTITY | | OTHER | |
| TOTAL CLAIMS | 33 | 33* | 0 | Rate x \$25 | \$.00 | Rate x \$50 | \$.00 |
| INDEP. CLAIMS | 5 | 5** | 0 | Rate x \$100 | \$100.00 | Rate x \$200 | \$ 0.00 |
| TOTAL FEE FOR ADDITIONAL CLAIMS | | | | \$ 0.00 | | | |

* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

An Extension of Time for 3 month (or however many months is necessary) is hereby requested under 37 C.F.R. 1.136(a).

The required fee for filing this extension is:

\$ 1020.00

TOTAL FEE FOR THIS AMENDMENT

\$ 1020.00

A check in the amount of \$1020.00 to cover the total fee for this amendment is attached.

Applicant asserts that it is entitled to Status as Small Entity Under 37 C.F.R. 1.27.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to E. Victor Indiana's Deposit Account No. 50-1590. A duplicate copy of this sheet is enclosed.


 Attorney of Record
 Printed Name: E. Victor Indiana
 Registration No.: 30,143